FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		RGANIZA	IIIO	N			
		(See instruction	ıs)			Office use on	ly
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple: If typying, type the lines	12FE4N	5	
LOCAL 30 IN	ITERNATIONAL UI	VION OF OPERA	TING E	NGINEERS POLIT	ICAL ACTIO	N	
ADDRESS (number and	d street) 115-0	06 MYRTLE AVE	NUE				
(Check if add	dress						لتتتت
is changed)	RICH	MOND HILL	шш	لىبىب	NY	1141	8 –
			CITY		STATE	ZIF	CODE 📥
COMMITTEE'S E-MA	AIL ADDRESS @IUOELOCAL30. ()RG					1
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			ш		ш		
COMMITTEE'S WEE	B PAGE ADDRESS (U	RL)					
					<u> </u>	1111	
COMMITTEE'S FAX 7188052172	NUMBER						
2. DATE 0	M / D D / Y	2008					
3. FEC IDENTIFIC	ATION NUMBER		C COO	151688			
4. IS THIS STATE	MENT NEW	(N) OR	X	AMENDED (A)			
I certify that I have exar	nined this Statement and	to the best of my know	wledge and	d belief it is true, correct a	and complete		
		OUNT AUEDN					
Type or Print Name o	f Treasurer	OHN T. AHERN					
Signature of Treasure	er Electronically File	d by JOHN T. A	HERN		Date 0	1 D D D	2008
NOTE: Submission of f	alse, erroneous, or incon			ne person signing this Sta			C. S437g.
Office Use Only				For further information Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100			FORM 1 ed 02/2003)

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	FEO Fo rr	m 1 (Revised 02/2003)	Page 2
5.	TYPE OF CO	MMITTEE (Check One)	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
	Name of Candidate		
	Candidate Party Affiliation	Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(d) X (e) X (f)	This committee is a (National, State (or subordinate) committee of the This committee is a separate segregated fund This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee.	(Democratic, Republican,etc.) Party. ed fund or party
6. 		Connected Organization or Affiliated Committee ONAL UNION OF OPERATING ENGINEERS LOCAL 30	
	Mailing Addres	ss 115-06 MYRTLE AVENUE	
		RICHMOND HILL NY NY	11418
		CITY▲ STATE ▲	ZIP CODE
	Relationship	CONNECTED	
	Type of Conne	ected Organization:	
	Corpo	oration Corporation w/o Capital Stock X Labor Organ	nization
	Mem	abership Organization Trade Association Cooperative	

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Write or Type Committee Name

	LOCAL 30	INTERNATIONAL	UNION OF	OPERATING	ENGINEERS	POLITICAL	ACTION	COMMITTE
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	LOCAL OF INTERINA	TIONAL ONION OF OF LITATING ENGINEER	IO I OLITICAL ACTION O	OWNERT FEE
7.		Identify by name, address, (phone number tee books and records.	optional), and position of the	ne person in
	Full Name	IN T. AHERN		
	Mailing Address	115-06 MYRTLE AVE		
		RICHMOND HILL		11418
	Title or Position ▼	CITY A	STATE ▲	ZIP CODE A
	BUSINE	ESS MANAGER	718 Felephone number	
8.	Treasurer: List the nar name and address of a	me and address (phone number optional) of any designated agent (e.g., assistant treasurer	the treasurer of the comm).	ittee; and the
	Full Name of Treasurer JOH	IN T. AHERN		
	Mailing Address	115-06 MYRTLE AVE		
		RICHMOND HILL	<u>NY</u>	11418
	Title or Position ♥	CITY A	STATE	ZIP CODE A
	TREAS	URER .	Telephone number 718	847 8484
	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
			Telephone number	
			Telephone number	

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9.	Banks or Other Depositories: safety deposit boxes or maintain		ittee deposits funds, holds accounts, rents	
	Name of Bank, Depository, etc.			
	NORTH	FORK BANK		
	Mailing Address	115-20 JAMAICA AVENUE		
		RICHMOND HILL	NY 11418 _	
		CITY 4	STATE ZIP CODE A	
	Name of Bank, Depository, etc.			
	Name of Bank, Depository, etc.			
	Name of Bank, Depository, etc. Mailing Address			

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Name of Bank, Deposite	r maintains funds. tory, etc.	[ADDITIONAL]
Mailing Address		
] [
	CITY STATE	ZIP CODE 🛕
Name of Any Connec	cted Organization or Affiliated Committee	[ADDITIONAL 1
Name of Any Connec	cted Organization or Affiliated Committee	[ADDITIONAL]
	cted Organization or Affiliated Committee	
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Designated Agent		[ADDITIONAL]
Full Name		
v		_
Title or Position ▼	CITY 🛦	STATE A ZIP CODE A
		elephone number = =